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# ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

State File No. 279  
Registrar's No. \_\_\_\_\_

1. Place of Death: (a) County Mohave (b) City or Town Short Creek (c) Location \_\_\_\_\_ (St. & No. (or) Name of Institution)  
(If outside city limits write RURAL)  
(d) Length of Stay: In Hospital or Institution Home; In Community 2 yrs; In Arizona 2 yrs  
(Specify whether years, months or days)  
2. Usual Residence of Deceased: (a) State Ariz; (b) County Mohave; (c) City or Town Short Creek  
(If outside city limits write RURAL)  
(d) Street No. \_\_\_\_\_; (e) If foreign born, in U. S. A. \_\_\_\_\_ yrs.  
3. (a) FULL NAME Martha Joseph Barlow (b) If veteran \_\_\_\_\_ (c) Social \_\_\_\_\_  
name war \_\_\_\_\_ Security No. none  
(If NONE write the word)

4. Sex Female 5. Color or Race white 6. (a) Single, married, widowed or divorced married  
6. (b) Name of husband John J. Barlow 6. (c) Age of husband 71 yrs.  
or wife, if alive  
7. Birthdate of deceased Sept. 24, 1900  
(Month) (Day) (Year)  
8. AGE: Years 44 Months 1 Days \_\_\_\_\_ If less than one day  
hrs. \_\_\_\_\_ min. \_\_\_\_\_  
9. Birthplace Millville, Utah  
(City, town or county) (State or Country)

10. Usual Occupation Housewife  
11. Industry or Business \_\_\_\_\_  
12. Name Joseph Smith Joseph  
13. Birthplace Millville, Utah  
(City, town or county) (State or Country)  
14. Maiden Name Martha Moore Yeats  
15. Birthplace Millville, Utah  
(City, town or county) (State or Country)

16. (a) Informant's own signature Joe M. Joseph  
(b) Address Short Creek Arizona

17. (a) Burial, Cremation or Removal Burial  
(b) Place Short Creek (c) Date Oct. 24, 1944

18. (a) Embalmer's Signature \_\_\_\_\_  
(b) Funeral Director Harvey S. Johnson  
(c) Address Short Creek Ariz

19. (a) Oct. 23, 1944  
(Date received local Registrar)  
(b) Mrs. Ruth Black  
(Registrar's Signature)

5M 100% Rag 5-17-40

## MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Oct. 22, 1944  
TIME (Hour and minute) 6:40 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer  
rectum

Due to Cancer

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy no medical attendant

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or Town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Mrs. Ruth Black, Registrar  
Address Short Creek, Ariz. Date signed Oct. 23, 1944

DURATION

PHYSICIAN

Underline the cause to which death should be charged statistically.